S/N 10/016,302

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Eric J. Howell et al.

Examiner: Woknown C. Bleck

Serial No.:

10/016.302

Group Art Unit: 2161 3626

Filed:

October 29, 2001

Docket: 2185.001US1

Title:

METHOD AND APPARATUS FOR PROCESSING HEALTH INSURANCE

APPLICATIONS OVER A NETWORK

REVOCATION AND POWER OF ATTORNEY **CERTIFICATE UNDER 37 CFR § 3.73(b)**

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In accordance with 37 C.F.R. Section 1.36, M.P.E.P. Section 402.05 and 402.07, please revoke any existing Powers of Attorney, if any, and appoint the following attorneys and/or patent agents to prosecute this application and to transact all business in the Patent and Trademark Office in connection therewith:

Customer Number: 21186

CERTIFICATE UNDER 37 CFR § 3.73(b)

EHEALTHINSURANCE SERVICES, INC. hereby certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of an assignment from the inventors filed 10/28/2002 and recorded on Reel 013426, Frames 0087 - 0092. To the best of my knowledge and belief, title is in EHEALTHINSURANCE SERVICES, INC., the assignee.

Pursuant to 37 C.F.R. §3.73(b) I hereby declare that I, Bruce Telkamp, am empowered to sign this certificate on behalf of EHEALTHINSURANCE SERVICES, INC., the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true.

Please direct all correspondence in this case to:

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Bruce Telkamp

Title: SVP and General Counsel

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September 27

TO: Commissioner for Patents

> Attn: Carolyn M. Bleck Patent Examining Corps

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FROM: Garth Vivier

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Document(s) Transmitted: Executed Revocation and Power of Attorney (1 pg.).

Total pages of this transmission, including cover letter: 2 pgs. If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Eric J. Howell et al.

Examiner: Carolyn M. Bleck

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Please charge any additional fees or credit overpayment to Deposit Account No. 19-0743.

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